

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/29/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157523		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/25/2013	
NAME OF PROVIDER OR SUPPLIER PEDIATRIC INFANT & FAMILY HOME HEALTH CARE SPECIAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1512 BURR ST GARY, IN 46406			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	<p>INITIAL COMMENTS</p> <p>This was a federal home health complaint investigation.</p> <p>Complaint #: IN00138071 - Unsubstantiated: Lack of sufficient evidence.</p> <p>Survey Date: 10/24 - 25/13.</p> <p>Facility Number: 10192.</p> <p>Medicaid Number: 200156590A</p> <p>Surveyor: Janet Brandt, RN, PHNS</p> <p>Pediatric Infant & Family Home Health Care Specialists Inc. is in compliance with the Conditions of Participation 484.10: Patient Rights, 484.18: Acceptance of Patients, Plan of Care, and Medical Supervision, and 484.30: Nursing Services as related to this complaint.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 29, 2013</p>			G 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.